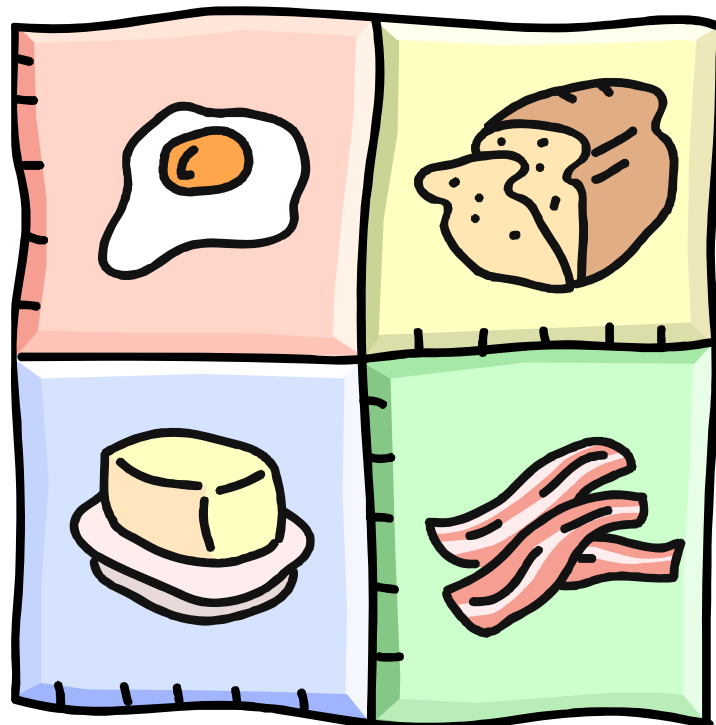


**RCCI
SEVERE NEED
BREAKFAST
ASSISTANCE**



CHAPTER 8

RCCI SEVERE NEED BREAKFAST ASSISTANCE

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SEVERE NEED BREAKFAST ASSISTANCE

This chapter discusses the qualifications needed to apply for a higher breakfast reimbursement rate and how to submit a reimbursement claim for this higher rate.

How do I Qualify for the Severe Need Breakfast Program (SNB)?

Most RCCI's in Idaho do not collect free and reduced meal applications.

RCCI's with only residential students automatically qualify for Severe Need Breakfast and especially needy lunch.

To apply for Severe Need Breakfast you enter lunch information on the site sheets on CNP2000. You can sign up at anytime during the year; however, you can only claim retroactively for up to sixty days. Before applying for severe need breakfasts, you will need to know the **total lunches served by site** and the **total free and reduced lunches served by site** for the second preceding year. See page 8.2 and 8.3 for a master worksheet and sample worksheet to help you to organize this data.

If you have a site that did not serve lunches in the second preceding year, please call the State agency for guidance to apply for Severe Need Breakfast at this site.

The second preceding year lunch counts must be entered on the site applications every year at renewal time to re-qualify a site for Severe Need Breakfast Assistance.

SEVERE NEED BREAKFAST WORKSHEET FOR SCHOOL YEAR _____

SPONSOR/RCCI NAME: _____

SITE NAME: _____ (Each site needs to qualify individually)

CLAIM MONTH	FREE LUNCHES CLAIMED IN SECOND PRECEDING YEAR (_____)	REDUCED LUNCHES CLAIMED IN SECOND PRECEDING YEAR (_____)	PAID LUNCHES CLAIMED IN SECOND PRECEDING YEAR (_____)	TOTAL LUNCHES CLAIMED IN SECOND PRECEDING YEAR (_____)
AUGUST				
SEPTEMBER				
OCTOBER				
NOVEMBER				
DECEMBER				
JANUARY				
FEBRUARY				
MARCH				
APRIL				
MAY				
JUNE				
JULY				
TOTALS	*	*		**

** Total lunches claimed in second preceding year _____. This number is entered on the site sheet in CNP2000 for the current or renewal year in the **FIRST** box under Severe Need Breakfast.

*Total free lunches claimed in second preceding year _____ + total reduced lunches claimed in second preceding year _____ equals the total number of low income lunches claimed in second preceding year_____.

The total number of low income lunches claimed in second preceding year above is entered on the site sheet in CNP2000 for the current or renewal year in the **SECOND** box under Severe Need Breakfast.

The low income percentage of all claimed lunches is calculated by the CNP2000 program when you submit the site application. If the % is 40% or higher, the site qualifies for the Severe Need Rate of Reimbursement for Free and Reduced breakfasts claimed.

NOTE: Your sites can receive Severe Need Reimbursement and be on Provision 2 breakfast at the same time.

SAMPLE SEVERE NEED BREAKFAST WORKSHEET FOR SCHOOL YEAR 2007-08

SPONSOR/RCCI NAME: TEEN HOME

SITE NAME: Teen Home (Each site needs to qualify individually)

CLAIM MONTH	FREE LUNCHES CLAIMED IN SECOND PRECEDING YEAR (2005-06)	REDUCED LUNCHES CLAIMED IN SECOND PRECEDING YEAR (2005-06)	PAID LUNCHES CLAIMED IN SECOND PRECEDING YEAR (2005-06)	TOTAL LUNCHES CLAIMED IN SECOND PRECEDING YEAR (2005-06)
AUGUST	200	0	0	200
SEPTEMBER	300	0	0	300
OCTOBER	290	0	0	290
NOVEMBER	285	0	0	285
DECEMBER	300	0	0	300
JANUARY	295	0	0	295
FEBRUARY	265	0	0	265
MARCH	260	0	0	260
APRIL	255	0	0	255
MAY	260	0	0	260
JUNE	225	0	0	225
JULY	210	0	0	210
TOTALS	3145 *	0	0	3145 **

** Total lunches claimed in second preceding year (2005-06) = 3145. This number is entered on the site sheet in CNP2000 for School Year 2008 in the **FIRST** box under Severe Need Breakfast.

* Total free lunches claimed in second preceding year (2005-06) 3145+ total reduced lunches claimed in second preceding year (2005-06) 0 equals the total number of low income lunches claimed in the second preceding year (2005-06) 3145

The total number of low income lunches claimed in second preceding year above 3145 is entered on the site sheet in CNP2000 for 2008 in the **SECOND** box under Severe Need Breakfast.

The low income percentage of all claimed lunches is calculated by the CNP2000 program when you submit the site application. If the % is 40% or higher, the site qualifies for the Severe Need Rate of Reimbursement for Free and Reduced breakfasts claimed in 2008. In this example, 3145 divided by 3145= 100%. This site would qualify for SNB rate.

NOTE: Your sites can receive Severe Need Reimbursement and be on Provision 2 breakfast at the same time.

How to Enter a Severe Need Breakfast Claim

After you have been approved for Severe Need Breakfast Assistance, you must claim each approved site in the Severe Need column of the claim to collect the higher reimbursement rate.

If you look at the example, the breakfast column is broken down into Regular and Severe Need. If **all** your sites qualify for Severe Need, you enter your breakfast numbers in the Severe Need column.

	Lunch	Breakfast	After School Snacks	Special Milk		
		Regular	Severe Need	Less than 50%	50% or More	
Meals Served to Children						
8. Free						
9. Reduced						
10. Paid						
11. Totals						
12. No. of Sites Claiming						
13. No. of Serving Days						
Special Milk Program						
Average Milk Cost Per Half Pint (8oz portions)						
Note: Click the Submit button to enter this claim into the Child Nutrition System. Please Review this information before submitting this claim.						
SDE USE ONLY						

If only some of your sites qualify (2 out of three, for example), you would enter the site that did not qualify for Severe Need Breakfast in the Regular column and the two sites that DID qualify in the Severe Need column.

Most RCCIs qualify for Severe Need Breakfast.

Site that does not qualify goes in this column

Idaho Department of Education
National School Lunch Program

● Applications
● Rates
● Claims
- Claim Entry
- Claim Inquiry
- Unpaid Claims
● Maintenance
● Reports

NSLP Home CACFP Home SFSP Home CMDT Home Exit

	Lunch	Breakfast		After School Snacks		Special Milk
		Regular	Severe Need	Less than 50%	50% or More	
Meals Served to Children						
8. Free						
9. Reduced						
10. Paid						
11. Totals						
12. No. of Sites Claiming						
13. No. of Serving Days						
Special Milk						
Average Milk Cost Per Half Pint (8oz portions)						
Note: Click the Submit button to enter this information to the Child Nutrition System. Please Review this information before submitting this claim.						

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Done Internet

Two sites that do qualify
are entered in Severe Need column

You will be paid the lesser rate for the breakfasts in the Regular column and the Severe Need rate for the breakfasts you claim in the Severe Need column. Please DO NOT combine the meal counts for Regular and Severe Need sites at any point in the Breakfast columns.

Free and reduced price breakfasts receive extra reimbursement. Paid breakfasts receive no extra reimbursement. Current reimbursement rates are available on the website as the reimbursement rate is adjusted annually.

Please call 208-332-6820 if you need further assistance.